

Orange County Family Therapy  
Individuals\* Couples\* Families\* Adolescents\* Marriage

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Dr. Vennus Zand, Psy.D., LMFT #84766

(949) DIAL-MFT (949) 342-5638

8 Corporate Park, Suite 300 Irvine, CA 92602

**Acknowledgement of Receipt of Consent for Treatment Form**

By signing this form, you acknowledge receipt of the Consent for Treatment Form, and I understand the therapist's ability to maintain your confidentiality, and the limits therein. My Notice of Privacy Practices provides information about my practice, fees, and the limits of confidentiality. I encourage you to read it in full.

My Consent for Treatment Form is subject to change.

If you have any questions about my Consent for Treatment Form please contact me at the address and /or phone number above.

I acknowledge receipt of the Consent for Treatment Form of Dr. Vennus L. Zand, Psy.D., LMFT.

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Signature of Client or Personal Representative/Date

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Signature of Client or Personal Representative/Date

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Printed Name of Client or Personal Representative/Date

Description of Personal Representative's Authority:

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Signature of Therapist/Date

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**INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE  
OF PRIVACY PRACTICES**

I made good faith attempts to obtain my patient's acknowledgement of his or her receipt of my Notice of Privacy Practices, including [describe good faith attempts].

However, because of \_\_\_\_\_ I was unable to obtain my patient's acknowledgement.

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Signature of Client or Personal Representative/Date

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Printed Name of Client or Personal Representative/Date

Description of Personal Representative's Authority:

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Signature of Therapist/Date